



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 9/6/12 to 10/21/12

1. Committee I.D. Number

150059

4. Candidate Last Name

LUTZ

First Name

MICHAEL

M.I.

E

2. Committee Name

MICHAEL E. LUTZ
FOR COMMISSION

4a. Office Sought Including District # or Community Served (If applicable)

BAY COUNTY COMMISSION - 7TH DIST.

4b. County of Residence

5. Committee's Mailing Address

1704 BORTON AVE
ESSEXVILLE, MI 48732

Area Code and Phone

989 3161296

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

SUSAN K LUTZ
1704 BORTON AVE
ESSEXVILLE, MI 48732

Area Code & Phone

(989) 233 0387

7. Treasurer's Business Address

same

Area Code and Phone

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

same

Area Code and Phone

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary ☒ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

11/6/12

9c. ☐ Annual Statement (Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record Keeper SUSAN K LUTZ
Type or Print Name

Signature

Date

10/26/12

Candidate

MICHAEL E. LUTZ
Type or Print Name

Signature

Date

10/26/12



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

150059

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name

MICHAEL E. LUTZ FOR COMMISSION

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	4,700.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	4,700.00	(18.) \$ 4,700.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	4,700.00	(20.) \$ 4,700.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	0.00	(21.) \$ 0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 8)	(7.) \$	0.00	(22.) \$ 0.00
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	2,964.96	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	2,964.96	(23.) \$ 2,964.96
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	7,991.83	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	38.51	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	4,700.00	
	(15.) = \$	4,738.51	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	2,964.96	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	1,773.55	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 15.0059
2. Committee Name MICHAEL E. LUTZ FOR COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <u>MICHAEL E. LUTZ</u> <u>1704 BORTON AVE</u> <u>ESSEXVILLE, MI 48732</u>		4. Date of Receipt <u>9/22/12</u>	<u>\$ 1000.00</u> <u>\$ 5991.83</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>LUTZ BROTHERS CUSTOM BUILDER</u> Business Address <u>1704 BORTON AVE</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>MICHAEL E. LUTZ</u> <u>1704 BORTON AVE</u> <u>ESSEXVILLE, MI 48732</u>		4. Date of Receipt <u>9/25/12</u>	<u>\$ 1000.00</u> <u>\$ 6,991.83</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>LUTZ BROTHERS CUSTOM BUILDER</u> Business Address <u>1704 BORTON AVE., ESSEXVILLE, MI 48732</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>MICHAEL E. LUTZ</u> <u>1704 BORTON AVE</u> <u>ESSEXVILLE, MI 48732</u>		4. Date of Receipt <u>9/26/12</u>	<u>\$ 1,000.00</u> <u>\$ 7,991.83</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>LUTZ BROTHERS CUSTOM BUILDERS</u> Business Address <u>1704 BORTON AVE., ESSEXVILLE, MI 48732</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>IBEW PAC VOLUNTARY FUND</u> <u>900 SEVENTH STREET, N.W.</u> <u>WASHINGTON, D.C. 20001</u>		4. Date of Receipt <u>10/2/12</u>	<u>\$ 500.00</u> <u>\$ 500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 3,500.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150059
2. Committee Name MICHAEL E. LUTZ FOR COMMISSION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/13/12</u> Name & Address: <u>MICHIGAN LABORERS POLITICAL LEAGUE</u> <u>1118 CENTENNIAL WAY, SUITE 100</u> <u>LANSING, MI 48917-9280</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/16/12</u> Name & Address: <u>BAY COUNTY DEMOCRATIC COMMITTEE</u> <u>P.O. BOX 556</u> <u>PINCONNING, MI 48650</u>		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/16/12</u> Name & Address: <u>PLUMBERS AND STEAMFITTERS BS P.A.C.</u> <u>6705 WEISS STREET, PO BOX 6947</u> <u>SAGINAW, MI 48608</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LABOR UNION</u> Employer _____ Business Address <u>SAME AS ABOVE</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 1,200.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 4,700.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150059
2. Committee Name MICHAEL E. LUTZ FOR COMMISSION

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>STAPLES</u> Address <u>4021 N. EUCLID AVE.</u> <u>BAY CITY, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/22/12</u> Date	<u>\$ 273.06</u>
Expenditure #2 Name <u>STAPLES</u> Address <u>4021 N. EUCLID AVE</u> <u>BAY CITY, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/24/12</u> Date	<u>\$ 365.36</u>
Expenditure #3 Name <u>SAWICKI & SONS</u> Address <u>1521 W. LAFAYETTE BLVD</u> <u>DETROIT, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/25/12</u> Date	<u>\$ 477.00</u>
Expenditure #4 Name <u>SAWICKI & SONS</u> Address <u>1521 W. LAFAYETTE BLVD</u> <u>DETROIT, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BLK SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/26/12</u> Date	<u>\$ 1135.26</u>
Expenditure #5 Name <u>BAY COUNTY CLERK</u> Address <u>515 CENTER AVE</u> <u>BAY CITY, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>VOTER DISC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/3/12</u> Date	<u>\$ 10.00</u>

Subtotal this page

2,260.68

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150059
2. Committee Name MICHAEL E. LUTZ FOR COMMISSION

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>POST MASTER</u> Address <u>WASHINGTON AVE</u> <u>BAY CITY, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/12</u> Date	<u>\$ 495.00</u>
Expenditure #2 Name <u>STAPLES</u> Address <u>4021 N. EUCLID AVE</u> <u>BAY CITY, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/12</u> Date	<u>\$ 121.30</u>
Expenditure #3 Name <u>POST MASTER</u> Address <u>WASHINGTON AVE</u> <u>BAY CITY, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/12</u> Date	<u>\$ 45.00</u>
Expenditure #4 Name <u>STAPLES</u> Address <u>4021 N. EUCLID AVE</u> <u>BAY CITY, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/12</u> Date	<u>\$ 13.78</u>
Expenditure #5 Name <u>HAMPTON TROP.</u> Address <u>801 W. CENTER AVE</u> <u>ESSEXVILLE, MI 48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>VOTER LIST</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/12</u> Date	<u>\$ 4.20</u>

Subtotal this page

679.28

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

150059

2. Committee Name

MICHAEL E. LUTZ FOR COMMISSION

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>CITY OF ESSEXVILLE</u> Address <u>1107 WOODSIDE AVE</u> <u>ESSEXVILLE, MI 48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>VOTER LIST</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/12</u> Date	<u>\$ 25.00</u>
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

25.00

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

3964.96

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150059
2. Committee Name MICHAEL E. LUTZ FOR COMMISSION

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>MICHAEL E. LUTZ</u> <u>1704 BORTON AVE</u> <u>ESSEXVILLE, MI</u> <u>48732</u>	4. Type: <u>CANDIDATE LOAN</u> 5. Date Debt Was Incurred: <u>2006</u> 6. Original Amount of Debt: <u>\$ 3,079.01</u>	\$ \$ \$ \$ \$	\$	\$ <u>3,079.01</u> <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>MICHAEL E. LUTZ</u> <u>1704 BORTON AVE</u> <u>ESSEXVILLE, MI</u> <u>48732</u>	4. Type: <u>CANDIDATE LOAN</u> 5. Date Debt Was Incurred: <u>7/27/12</u> 6. Original Amount of Debt: <u>\$ 1,912.82</u>	\$ \$ \$ \$ \$	\$	\$ <u>1,912.82</u> <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>MICHAEL E. LUTZ</u> <u>1704 BORTON AVE</u> <u>ESSEXVILLE, MI</u> <u>48732</u>	4. Type: <u>CANDIDATE LOAN</u> 5. Date Debt Was Incurred: <u>10/21/12</u> 6. Original Amount of Debt: <u>\$ 3,000.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>3,000.00</u> <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt) 7,991.83

Grand Total of all Schedules 1E 7,991.83
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

www.Michigan.gov/sos

LATE CONTRIBUTION REPORT

1. Your Committee ID#: 150059
2. Your Committee Name: MICHAEL E. LUTZ FOR COMMISSION
3. Date Late Contribution(s) Received: 10/27/12 (Only one Date per Sheet)

- Late Contribution Reports are required when a
 - Candidate committee receives a single contribution or a cumulative contribution from the same contributor of \$500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election where the candidate is participating. See Appendix G of the Campaign Finance Manual.
 - A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a single contribution or a cumulative contribution from the same contributor of \$2,500.00 or more after the closing date of the last campaign statement required and the 3rd day before an election. See Appendix G of the Campaign Finance Manual.
- Contributions are anything of monetary value including contributions of money, in-kind and loans to the committee.
- Late Contribution Reports are not waived by the Reporting Waiver.
- Late Contribution Reports that are filed late result in the committee receiving a late filing fee. The maximum fee is \$2,000.00 per report.
- Paper filers may file the report by any written means (including fax) within 48 hour of receipt of the contribution with your Filing Official.
- Electronic Filers on the state level must file all Late Contribution Report electronically.
- The Late Contribution must also be reported on the next Campaign Statement owed by the committee.

4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.

5. Amount

Contributor Name and Address:

IBEW PAC VOLUNTARY FUND
900 SEVENTH STREET, N.W.
WASHINGTON, D.C. 20001

(If Individual, also provide:)

Occupation _____ Employer / Business Address _____

500.00

Contributor Name and Address:

(If Individual, also provide:)

Occupation _____ Employer / Business Address _____

Contributor Name and Address:

(If Individual, also provide:)

Occupation _____ Employer / Business Address _____

Contributor Name and Address:

(If Individual, also provide:)

Occupation _____ Employer / Business Address _____